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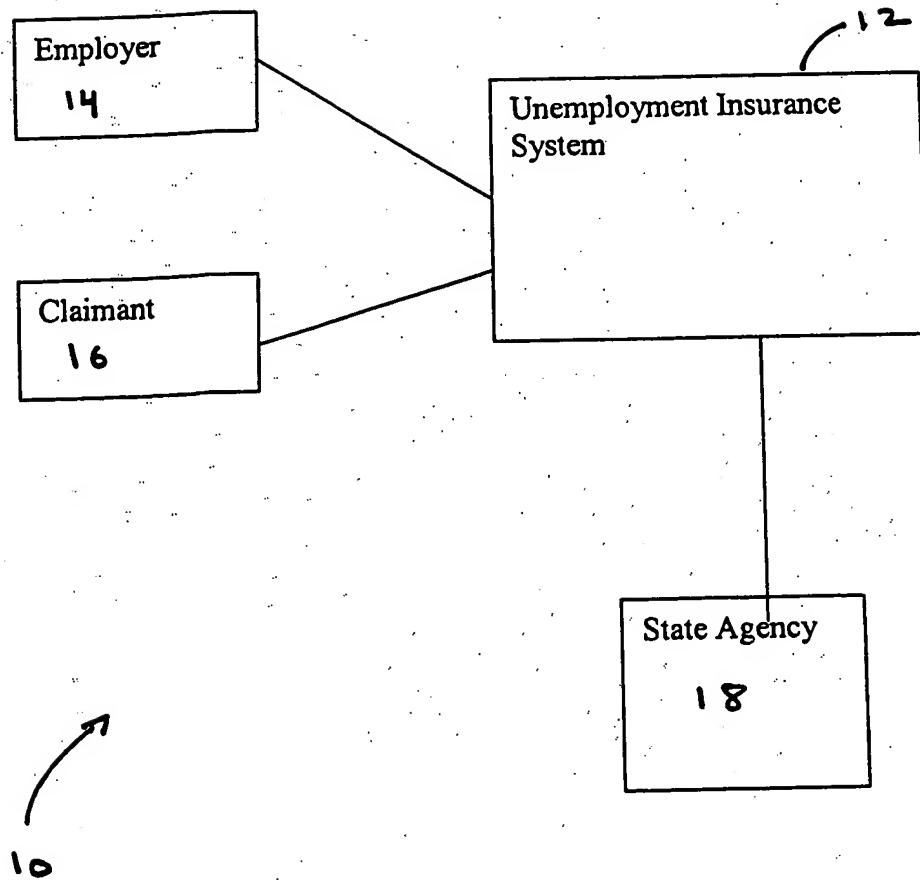


FIG. 1

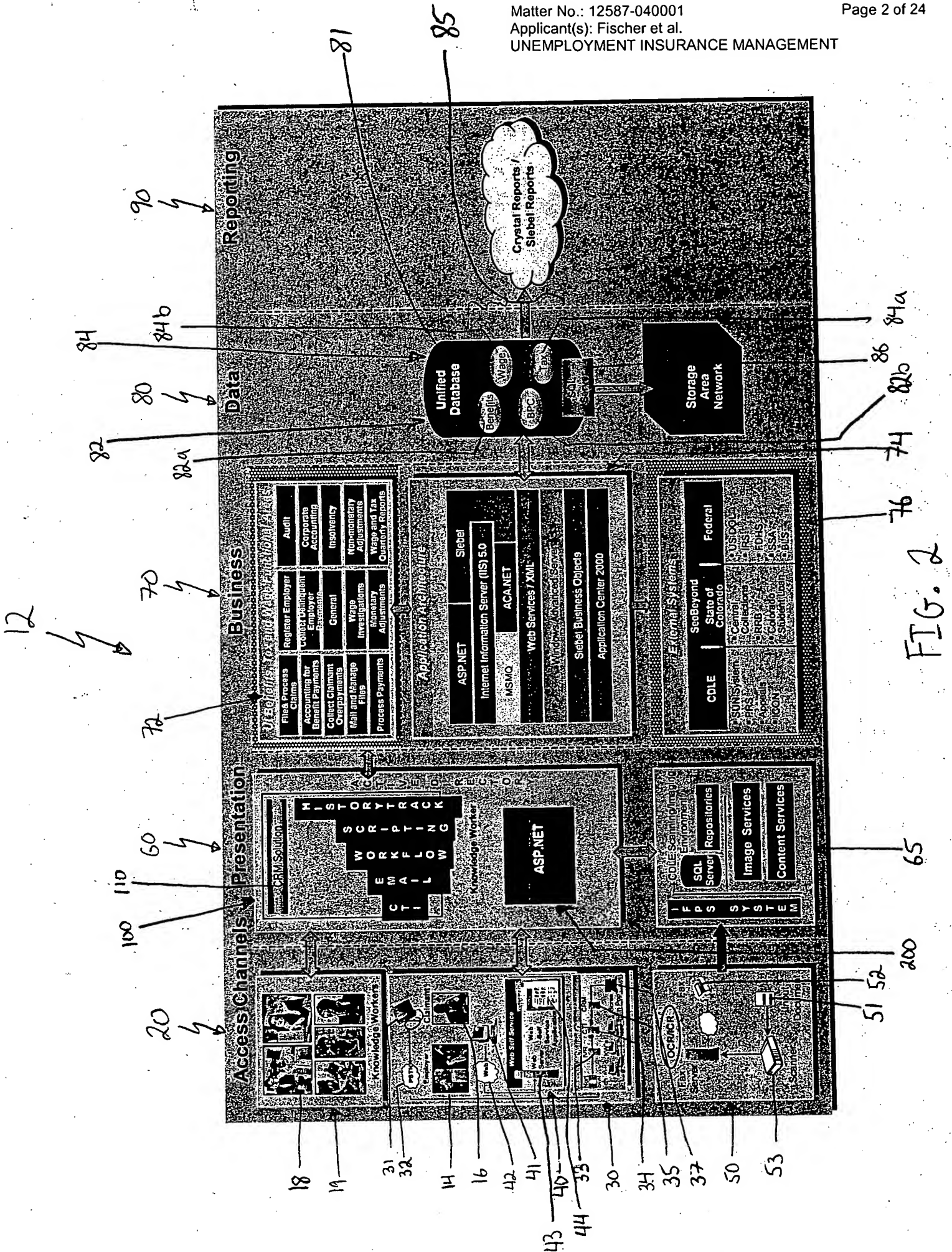


FIG. 2

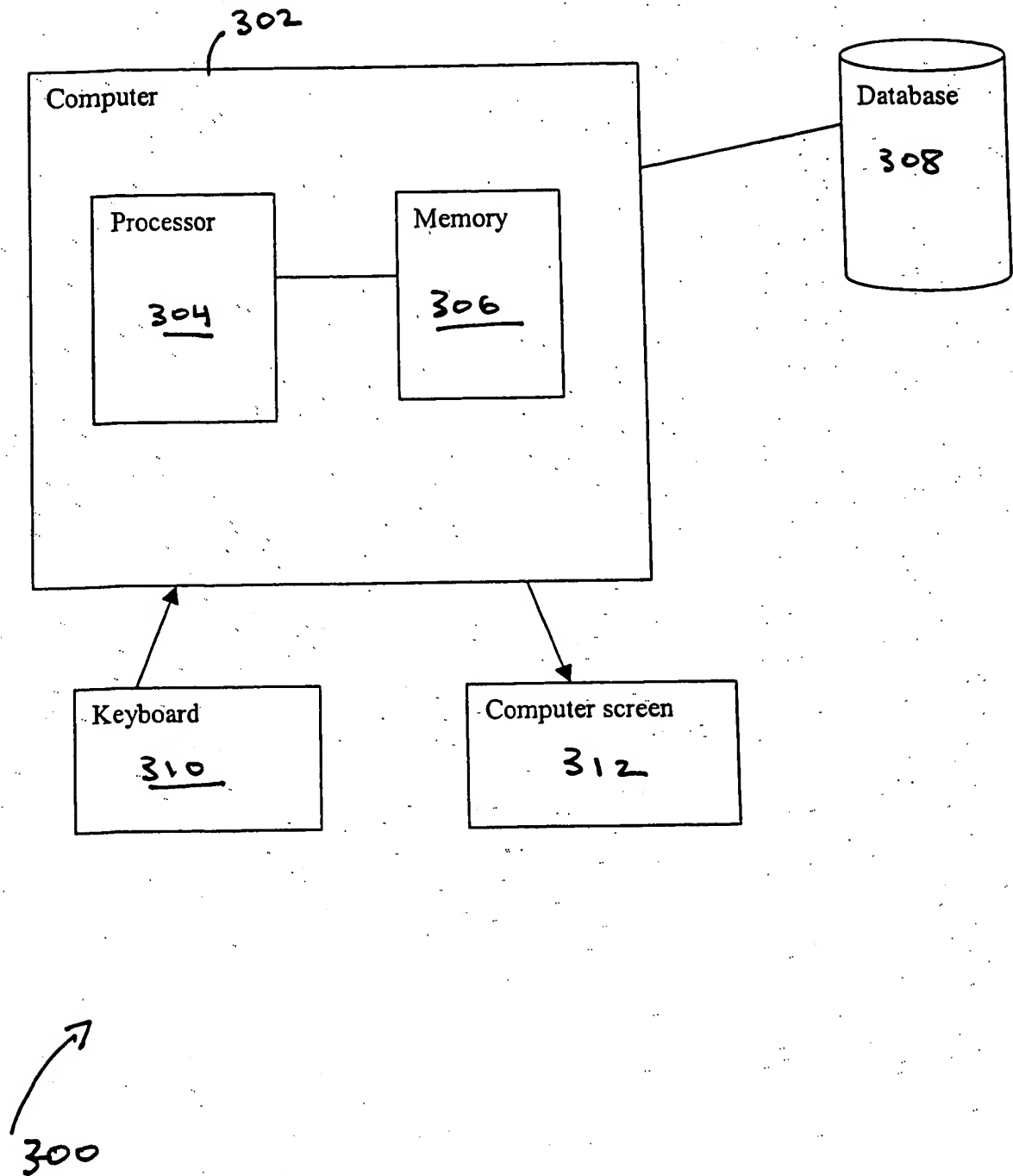


FIG. 3



UI Workers & Employers Resource Center Solution

Whether you're searching for a job, a few good employees, or a service that will facilitate work, your search is over.

Whatever your employment-related needs, let us work for you!

Related Links
Click here to connect to a wealth of useful sites:



- Find skilled, qualified workers
- Post jobs
- Register your business with the UI tax department
- File a Protest
- File an Appeal
- Submit your UI tax and benefit information online
- View UI policies and procedures
- Find child care providers for your employees
- Get job market facts

From posting jobs and finding skilled, qualified employees to filing tax and benefit information online, workforce solutions are now at your fingertips, saving you time!



- Find a job
- Create a résumé
- Find local child care providers
- Get job market facts
- Get Unemployment Insurance

Whether you're interested in a new job or a new career, employment information and related services have never been so convenient!



- Child care
- Training providers
- Transportation
- Other Services

Click on these links for information about services that help make it easier to plan careers, get to work and attract employees.

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FIG. 4

Your Personal Information

Currently this form is only available on-line in English. If you prefer to file your claim in Spanish or Vietnamese assistance is available at a regional call center at the following numbers:

Topeka: 785-555-1460
Kansas City: 913-555-3500
Wichita: 316-555-9947
If outside one of the local calling areas, call: 1-800-555-6333.
TDD: 913-555-6488 or 1-877-555-5432

- * For future enhancements to the claim filing process please select your language preference:

Social Security Number 111110148

Enter the following personal information for yourself

- * First Name
- * Middle Initial
- * Last Name

Enter your mailing address, including your apartment or lot number, if you have one. Enter your complete mailing address so the post office can mail your check and other important Unemployment Insurance Information. As a security measure, if you previously filed an Unemployment Insurance claim and your address has changed since the last time you filed, you will be required to telephone a regional call center to verify your address change once you have completed this application.

- * Mailing Address
- * City (Do not abbreviate)
- * State
- * Zip Code
- * Please select the state in which you reside.
- * If you currently reside outside the state and work or look for work in the state on a regular basis, select yes, otherwise select No.
- * Yes ☐ No ☐

Provide a telephone number where you can be reached or receive messages during daytime hours. Please enter your area code and 7 digit telephone number without parentheses or dashes.

Telephone Number

Please answer the following questions

- * 1. During the last 18 months, have you worked outside of the state?
☐ Yes ☐ No
- * 2. During the last 18 months have you worked for the federal government? This includes employment with NAF, AA FES, etc.
☐ Yes ☐ No
- * 3. During the last 18 months, have you performed any active military service of 30 days or more, other than training with a National Guard or reserve unit?
☐ Yes ☐ No
- * 4. In the last 12 months, have you filed a claim for benefits against any state other than Kansas?
☐ Yes ☐ No

Looking for a job? Check out Job Link.

FIG. 5A

FIG. 5B

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Applicant(s): Fischer et al.

UNEMPLOYMENT INSURANCE MANAGEMENT

Residency Information

* Please select the country in which you live.

* Please select the city in which you live. If your city is not listed, select "Other".

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Legend: * = required
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FIG. 5D

Highest Level of Education Completed

* Are you a Veteran?

If yes, what is your Veteran Type

* Gender

Date of Birth

Enter as MM/DD/YYYY

If you are known to your employer by another name, please enter it here:

* We are required by the US Department of Justice to gather information regarding applicant's race and ethnic characteristics. This information is for statistical reporting only. Please check the box that applies to you.

☐ White

☐ Black

☐ Asian

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

☐ Not listed above or I do not wish to supply this information

* Ethnic Heritage

☐ Latino / Hispanic

☐ Non Latino / Hispanic

☐ None of the above

* Are you a citizen or National of the United States?

☐ Yes ☐ No

If no, enter your Employment

Authorization Number

Your Employment Authorization Number is a 9 digit number that usually begins with the letter A and can be found on one of the following documents issued to you by the Immigration and Naturalization Service: I-551, I-151, I-688, I-688A.

Enter your employment authorization

expiration date

Enter as MM/DD/YYYY

* For security purposes, enter your Mother's

Maiden Name. Enter last name only.

For security purposes, enter your Driver's License or State ID Number, if you have one.

Enter your number without spaces or dashes.

Select the state that issued the Driver's License or ID number.

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FIG. 5C

Workers

Message Box

Policies and Procedures

File Claim

Claim History

Account Profile

You should be prepared to enter your work history for the last 18 months. If you worked for more than one employer during that time, we may request the company name, mailing address, dates worked and reason for separation from each employer. If you have filed a claim within the last 12 months, you may not be required to enter your complete work history at this time. Begin with your last or most recent employer. Employers for whom you worked part-time or temporary jobs must be reported. If you are still working for an employer on a part-time basis, that employer must be listed. Please enter your last employer's name and the city in which this employer is located and select the search button.

Employer Search

You can search our system for your employer if you are unsure of their mailing address. Enter the employer name to begin the search. To improve the search capability, enter the city where your employer is located. When you find your employer's name, click on the "Add to Work History" link to add it to your employment history record.

- * Enter the company name:
- * Enter the city where your employer is located:

Legend: * = required
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FIG. 5E



Workers

Message Box

Policies and Procedures

File Claim

Claim History

Account Profile

Employers for whom you worked part-time or temporary jobs must be reported. If you are still working for an employer on a part-time basis, that employer must be listed. If your record contains a company name that is unfamiliar to you, please look at your paycheck stubs to see if the name displayed is the corporate name for one of your employers.

In order to process your claim, you MUST enter your last employer in the Last Employer Information section. If the employer shown in the Last Employer Information section is not your last employer, you may remove it by clicking on delete. If more than one employer is listed below, deleting the Last Employer Information will move the Employer 2 Information to the Last Employer section. If your last employer is not listed, you may delete all records and search for your last employer.

Last Employer Information

ICHABOD LAUNDRA BAR INC

- * Enter First Day Worked: (MM/DD/YYYY)
- * If you worked for this employer on more than one occasion, enter the date you began work during your last period of employment.
- * Enter Last Day Worked: (MM/DD/YYYY)
- * If you worked for this employer on more than one occasion, enter the last day you worked during your last period of employment
- * Reason for Leaving: Click here for help with Reason for Leaving
- * Enter your gross wages from this employer: 1.00

You will need to enter your total gross wages earned from the employer you listed above. Gross wages are wages before any deductions are taken out of your check. To determine your gross wages, multiply your hourly wage times the number of hours you worked for this employer during the period you listed above. DO NOT enter your hourly rate. If you worked for this employer 12 months or more, enter your total gross wages for the last 12 months only. If you worked less than 12 months, enter your total gross wages from this employment.

DELETE EMPLOYER

Severance Pay

- * Are you currently receiving severance pay from your last employer?
C Yes C No

Help - Reason for Leaving

Quit

Leaving work voluntarily when work is still available to you, including voluntary retirement. If you worked for a temporary employment agency and you did not ask for a new job assignment

FIG. 5F

Initial Claims Questions

* 1. Are you a member of a placement union and get work only through the union hiring hall? Yes ☐ No ☐

1a. Are you laid off from your last employer? Yes ☐ No ☐

1b. If question 1a is answered Yes, select the reason for your layoff.

* 2. Are you currently receiving Social Security, a company pension or other retirement benefits? Yes ☐ No ☐

* 3. Do you have transportation to work? Yes ☐ No ☐

* 4. Are you available to work 40 or more hours per week at this time? Yes ☐ No ☐

* 5. Are you available to accept work without any medical or other restrictions if work was offered today? Yes ☐ No ☐

* 6. Are you receiving Social Security disability payments due to a physical impairment or handicap as defined in the Social Security Act of 1974? Yes ☐ No ☐

* 7. Do you have anyone in the home requiring care while you work? Yes ☐ No ☐

7a. If yes, do you have a care provider for this person if you were offered work? (A care provider could be a friend, neighbor or relative.) Yes ☐ No ☐

* 8. Are you an officer of a corporation? Yes ☐ No ☐

* 9. Are you receiving or have you applied for Worker's Compensation? (Worker's Compensation is a payment issued as a result of a work related injury.) Yes ☐ No ☐

* 10. Are you currently enrolled or attending school or training? Yes ☐ No ☐

* 11. Are you self-employed? Yes ☐ No ☐

* 12. Have you refused work in the last 90 days? Yes ☐ No ☐

* 13. During the last 18 months, have you worked for a school district or an employer who contracts work to schools? (Some examples of contract services are bus transportation, school nurses, cafeteria workers and paraprofessionals) Yes ☐ No ☐

13a. If yes, do you have a reasonable assurance of work in the same or similar capacity in the next school year or term? Yes ☐ No ☐

* 14. Are you currently on a substitute employee list for any school district? Yes ☐ No ☐

If you are having difficulty completing this claim application and want to save your information and continue filing later, either through a regional call center or through the Internet, click on Save and File Later. If you have completed all of the required information and want to continue filing your claim on the Internet, click on Continue Filing Claim.

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FIG. 5H

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FIG. 5G

within 24 hours of when your last assignment ended, you must report your separation as Quit.

Your employer chose to end your employment when work is still available.

You are temporarily off work, with the employer's knowledge, and you have a specific date to return to work. This does not include disciplinary actions.

Lack of Work Work is not available because your employer has closed their business, permanently or temporarily; work is interrupted by bad weather; your work is seasonal or you are still working for your employer but your hours have been reduced by the employer.

Labor Dispute You are a member of a labor union and are unemployed because of a contractual dispute with your employer.

(Return to Top of Page)

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Employers

Registration

- Indicates Required Information Have You Previously Been Subject to Unemployment Compensation Law?

• ☐ Yes ☐ No

Did You Acquire This Business From Another Employer Or Is The Business That You Currently Own Being Reorganized?

• ☐ Yes ☐ No

Do You Employ One or More Workers? (Corporate Officers and Limited Liability Company Members Providing Services for The Corporation Are Considered Employees.)

• ☐ Yes ☐ No

Unemployment Compensation Account Number:

Next

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FIG. 6A



Employers

Registration

- Indicates Required Information Employer Information:

• Employer Legal Name

• Employer Trade Name

• Mailing Address Line1

Mailing Address Line2

• City

• State

• Zip Code

• Phone

Fax:

Email

Identification Numbers:

• Unemployment Compensation Account Number

• Federal Employer Identification Number

• State Income Tax Identification Number:

Workers' Compensation Number:

Liquor Permit Number (if applicable):

Physical Business Address:

• Street Address Line1

Street Address Line2

• City

• State

• Zip Code

Employer's Principal Members (Individual, Partners, Corporate Officers, etc.)

1 First Name

MI

Last Name

SSN:

Title:

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FIG. 6B

Applicant(s): Fischer et al.

UNEMPLOYMENT INSURANCE MANAGEMENT

Type of Business Operations:

For Corporation: Please list (State of Incorporation, Date of Incorporation, Charter #)
For Fiduciary: Type:
For Limited Partnership: Name of General Partner:
For Others: Please Explain:

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2 First Name: MI: Last Name:
SSN: Title:
Address Line 1: Address Line 2:
City: State: Zip:

3 First Name: MI: Last Name:
SSN: Title:
Address Line 1: Address Line 2:
City: State: Zip:

4 First Name: MI: Last Name:
SSN: Title:
Address Line 1: Address Line 2:
City: State: Zip:

Payroll Records Contact:
*First Name: *Last Name:
*Address Line 1: *Address Line 2:
*City: *State: *Zip:
*Phone: () - - ext.
Type of Employer:

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FIG. 6C

FIG. 6D

Employers

Registration: Acquisition of Business

* Indicates Required Information

Former Employer Information:

• Unemployment Compensation Account Number

• Legal Name

• Address Line1

• Address Line2

• City

• State

• Zip Code

• Phone

Former Employer Physical Address:

• Address Line1

• Address Line2

• City

• State

• Zip Code

How was the Business Acquired?

• ☐ For Court Order: Please detail the Name of Court, Case Number, and Title.

For Liquor Permit Transfer Please detail the Permit Number and Transfer Date.

For Other Please Explain.

Date Business Acquired:

• ☐ mm/dd/yyyy

Was the Business Being Operated at Time of Acquisition?

• ☐ Yes ☐ No

If no: Date Former Owner Ceased Operation ☐ mm/dd/yyyy

Did You Acquire All of the Former Owner's Locations

FIG. 6E

FIG. 6F

• ☐ Yes ☐ No

If no: List the Business Locations the Former Owner Still Operates (Trade Name, Address, Zip)

Did You Acquire 100% of the Former Owner's Business Assets?

• ☐ Yes ☐ No

If no: List the Assets of the Former Owner's Business You Did Not Acquire (include accounts receivable)

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Registration: Liability Determination

• Indicates Required Information

Date Operations Began:

• mm/dd/yyyy

On What Date Did You First Employ One or More Workers?

• mm/dd/yyyy

List the Years You Have Paid Wages Which Were Taxable Under the PUTA:

•

Is Your Enterprise Exempt From Federal Income Taxes Under Section 501(c)(3), Internal Revenue Code?

• ☐ Yes ☐ No

Do You Operate More Than One Place of Business or Employment?

• ☐ Yes ☐ No

Main County of Operation:

•

Number of Workers:

•

Nature of Business:

Materials Used:

What Types of Services Do You Perform for Other Units of the Company?

If Other: Explain

How Many Employees Do You Employ That May Be Excluded from Unemployment Compensation (such as family members, contractors or other)?

•

FIG. 6G

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Registration: Liability Determination

Unemployment Compensation Excluded Services

Type	Name	SSN	Reason	Amount of Remuneration Paid	Family Relationship	Date of Birth
Family <input type="checkbox"/>						
Family <input type="checkbox"/>						
Family <input type="checkbox"/>						
Family <input type="checkbox"/>						
Family <input type="checkbox"/>						
Family <input type="checkbox"/>						

Next

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Matter No.: 12587-040001
Applicant(s): Fischer et al.
UNEMPLOYMENT INSURANCE MANAGEMENT

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FIG. 6H

★ Employers

Registration: Liability Determination

Total gross wages:

	Q1 2001	Q2 2001	Q3 2001	Q4 2001
Q1 2002				
Q2 2002				
Q3 2002				
Q4 2002				

Did you employ at least one employee performing services for remuneration of any kind?

	Q1 2001	Q2 2001	Q3 2001	Q4 2001
Q1 2002	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q2 2002	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q3 2002	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q4 2002	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Did you employ at least one employee performing services for remuneration of any kind?

Year 2002

	Jan	Feb	Mar	Jul	Aug	Sep
Week1						
Week2						
Week3						
Week4						
Week5						

Year 2001

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Week1												
Week2												
Week3												
Week4												
Week5												

Year 2000

	Jan	Feb	Mar	Apr	May	Jun	Oct	Nov	Dec
Week1									
Week2									
Week3									

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FIG. 6J

★ Employers

Registration: Liability Determination

Did you employ any employees performing services for remuneration of any kind in:

Year 2002	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year 2001	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year 2000	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year 1999	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year 1998	<input type="checkbox"/> Yes <input type="checkbox"/> No

(cont.)

FIG. 6I

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Fig. 6K

Employers
View Account Info File Unemployment Transactions Make Payment Policies and Procedures Message Box
Separation Information Request

Claimant Information
Sheila
SSN: 08/12/2002
Reason for Separation: Lack of Work
Regarding: Initial Claim
Date Determination Made: 08/13/2002

The claimant identified above has filed a claim for unemployment compensation benefits and listed you as a former employer. The information you furnish will be used to determine claimant's eligibility for unemployment compensation benefits.

Due Date is 08/30/2002

- Indicates Required Information.
- Was the Claimant's Employment Covered by an Unemployment Compensation Law?
☐ Yes ☐ No
- What Date was the Claimant Hired?
____ (mm/dd/yyyy)
- What was the Claimant's Last Day of Work?
____ (mm/dd/yyyy)
- Since the Claimant's Hire Date, Did the Claimant Work Six or More Weeks Either Part-time or Full-time?
☐ Yes ☐ No
- Did the Claimant Earn \$200 or More?
If No, Weeks Worked: 18
☐ Yes ☐ No
- Was the Claimant Separated Due to Lack of Work?
☐ Yes ☐ No
- If Yes, Is the Separation Less Than 45 Days? ☐ Yes ☐ No
- If Yes, Approximate Date of Recall: _____
- If No, Reason for Separation: _____
- Have Any Payments Been Made to the Claimant Since 12/24/2001?
☐ Yes ☐ No

Payments Made to Claimant Since Claimant's Hire Date:
Payment Type From Date Through Date Amount

<input type="checkbox"/> Wages	<input type="checkbox"/> Holiday Pay	<input type="checkbox"/> Vacation Pay	<input type="checkbox"/> Severance Pay	<input type="checkbox"/> Pension
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the information furnished is true and correct.

Name: _____
Address: _____
City, State: _____
Phone: (785) 555-5555 ext. 4444

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Save Draft Continue

FIG. 7A

FIG. 7B

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Employers

[View Account Info](#) [File Unemployment Transactions](#) [Make Payment](#) [Policies and Procedures](#) [Message Box](#)

Request for Protest/Appeal

* Indicates Required Information.

Claimant Information

Shella

SSN:

Reference Number: 783278987

Reason For Separation: Laid off, no more work available

Claim Date Filed: 08/12/2002

Benefit Year Beginning: 08/11/2002

Benefit Year Ending: 08/10/2003

Date Determination

Mailed: 08/13/2002

* A Protest/Appeal Is Requested For: Determination of Benefits

* Reason for Protest/Appeal:

Use this space to enter text related to claimant's separation from employment.

Information Provided By:

* Name:

* Address:

* City, St Zip:

Topeka

KS

66612

* Phone:

(785)

555

5555

ext.

4444

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Save Draft

Continue



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FIG. 8

Employers

View Account Info File Unemployment Transactions Make Payment Policies and Procedures Message Box

Employee Wage Report

August 22, 2002
3 Qtr, 2002

Choose Sort Order:

SSN

Filing Report For:

Current Quarter

Employee Information

SSN	Name	1 Qtr	2 Qtr	Gross Wages Paid 3 Qtr	4 Qtr	Year to Date	No. of Weeks	Status
	Smith S R	3,456.56	5,456.43			8,912.99	0	Active
	Robert F F	4,543.45	5,500.00			10,043.23	0	Active
	Kennedy R F	2,323.24	3,453.45			5,776.43	0	Active
	O'Malley J S	456.67	6,543.45			7,000.12	0	Active
	Richard F J	5,456.43	5,456.43			10,912.86	0	Active
	Andersen S B	2,343.23	5,500.00			7,843.23	0	Active
	Williams J F	3,453.45	3,453.45			6,906.90	0	Active
	McDonald B S	6,543.45	6,543.45			13,086.90	0	Active
	Stibek S D	5,456.40	1,000.40			6,456.80	0	Active
	Burner N C	2,343.23	5,500.00			7,843.23	0	Active
	Butterfield D J	3,453.45	9,453.45			12,906.90	0	Active
	Calet J Q	6,543.45	2,543.45			9,086.90	0	Active

<< Previous

Next >>

Add Employees

Modify Employees

Please Mark the Appropriate Box:(If Applicable)

- ☐ Please an X here if you had no workers or paid no wages this Quarter.
- ☐ Please an X here if individual employee's wages are reported on magnetic tape or diskette.(Complete Employee's Contribution Report,print,sign at both places indicated and submit the form with your tape or diskette)

Number of Covered Workers

January

Contact Person

February

Contact Phone

March

Date August 22, 2002

Calculate Total

Save as Draft

Delete Draft

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FIG. 9


Employers
[View Account Info](#) [File Unemployment Transactions](#) [Make Payment](#) [Policies and Procedures](#) [Message Box](#)
Balance Due

Outstanding Collection Balance as of September 7, 2002 Current Amount Due: 4,343.34

<u>Assessment #</u>	<u>Lien #</u>	<u>Tax</u>	<u>Interest Due</u>	<u>Forfeiture</u>	<u>Paid</u>	<u>Canceled</u>	<u>Total</u>
2 Qtr. 2001							\$7,088.54
F2439281	23409471	\$6,930.83	\$0.00	\$500.00	(\$6,776.53)	(\$211.09)	\$443.21
F2439280	47929023	\$6,145.33	\$0.00	\$500.00			\$6,645.33
2 Qtr. 2002							\$6,760.21
F2439283	43459840	\$6,260.21	\$0.00	\$500.00			\$6,760.21

2001 Current Amount Due: \$7,088.54

2002 Current Amount Due: \$6,760.21

Interest Due As of 09/07/2002**Current Total Amount Due: \$13,848.75**For Assistance, call the Collection Section at (785)466-2781 ext.5000, or
send us an e-mail at**File Electronic Payment**

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FIG. 10





Make a Payment

* Payment Selection: ☒

* Payment Amount:

* Payment Method: ☒ Credit Card ☐ ACH - electronic funds transfer

Credit Card Information

* Credit Card Type:

* Credit Card Number:

* Expiration Month:

* Expiration Year:

* Cardholder's Name:

ACH - electronic funds transfer

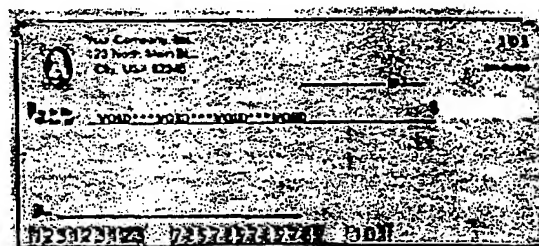
* Financial Institution Name:

* Financial Institution City:

* Account Type:

* Account Number:

* Routing Number:



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Next



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FIG. 11

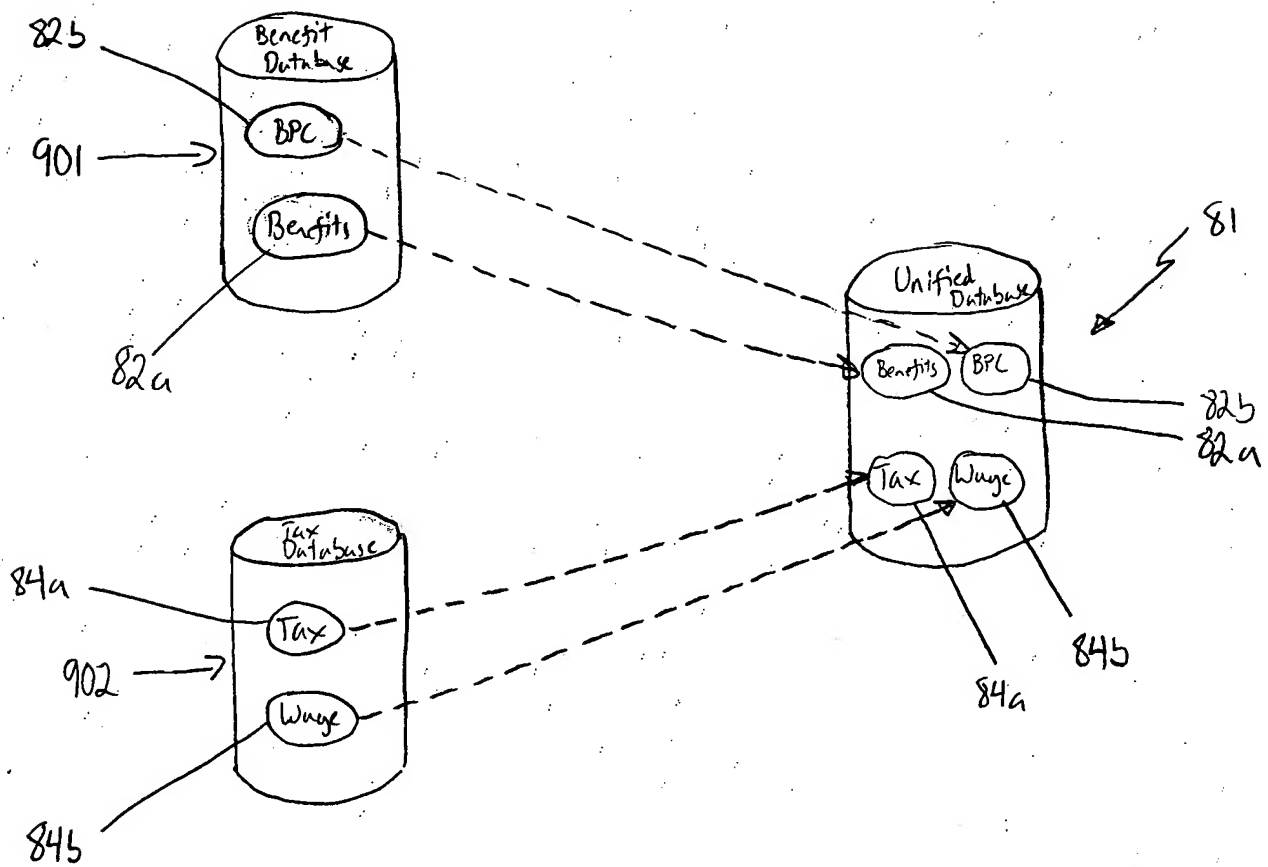


FIG. 12



Employers

[View Account Info](#) [File Unemployment Transactions](#) [Make Payment](#) [Policies and Procedures](#) [Message Box](#)

Monthly Benefits Charge Statement

Monthly Statement For:

August 2002

Charges By Week:

Charges Posted as of August 2, 2002: 728,313.31

August 10, 2002

64,023.90

August 17, 2002

(10,181.67)

August 24, 2002

43,315.16

August 31, 2002

121,538.95

Total Charges as of August 31, 2002: 947,009.65

View Weekly Charges

Current Weekly Charges as of September 5, 2002: \$5,607.00

Weekly Statement
for:

Period Statement for:

May 25, 2002



OR

From:

(mm/dd/yyyy) To:

(mm/dd/yyyy)

View

View

FIG. 13



Employers

[View Account Info](#) [File Unemployment Transactions](#) [Make Payment](#) [Policies and Procedures](#) [Message Box](#)

Determination of Benefits

Reference Number: 783278987

5768493-43-1

Claimant Information

Sheila

SSN:

Claim Date Filed:

Benefit Year Beginning:

Benefit Year Ending:

Date Determination Mailed:

08/12/2002

08/11/2002

08/10/2003

08/13/2002

Base Period: April 1, 2001 - March 31, 2002

The Claimant Has Qualifying Base Period Wage Credits.

Weekly Benefit Amount: \$ 289.00

Dependency Class: A

Amount of Maximum Potential Chargeback: \$ 5,000.00

Proportion Charge: 100.000 %

Reason for Separation: Laid off, no more work available.

A decision allowing the application does not mean the claimant will receive benefits. The claimant and his/her most recent employer(s) will receive a separate determination of eligibility to be paid weekly benefits which may or may not be in favor of the claimant.

Submit Protest

FIG. 14





Claim History

Claimant Information

Sheila

SSN:

Benefit Year Begin Date: 08/11/2002

Benefit Year Ending Date: 08/10/2003

Claim Date: 08/11/2002

Claim Status: Initial State

Weekly Benefit Amount: \$ 175.00

Maximum Benefit Amount: \$ 5,000

Retirement Deduction: Yes

Child Support Deduction: No

History as of 09/15/2002

An Overpayment Exists on Your Account

A Penalty Exists on Your Account

<u>Reference#</u>	<u>Week</u>	<u>Status</u>	<u>Claim Date</u>	<u>Earning</u>	<u>Deducted</u>	<u>Date Paid</u>	<u>Gross Amount</u>	<u>Check Amount</u>
890890001	August 11 - 17, 2002	Waiting Week	08/18/2002	\$ 0.00	\$10.00	-	\$0.00	\$0.00
890890001	August 18 - 24, 2002	Allowed	08/25/2002	\$0.00	\$10.00	08/30/2002	\$165.00	\$165.00
890890003	August 25 - 31, 2002	Allowed	09/01/2002	\$50.00	\$10.00	09/07/2002	\$115.00	\$115.00
890890004	Sept 1 - 7, 2002	Allowed	09/08/2002	\$0.00	\$10.00	09/14/2002	\$165.00	\$165.00

Remaining Balance \$ 4555

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FIG. 15



Workers

Account Profile Claim History File Claim Policies and Procedures Message Box

We have found the following job opportunities for you. Please print a copy of this page for your records.

Job Referral 1

Job Title:

Description and Duties:

Teller
MUST HAVE MINIMUM 1 YR BANK TELLER EXPERIENCE, HAVE SALES ABILITY, ABLE TO HANDLE HEAVY BAGS OF COIN. MUST ALSO HAVE SUPERVISOR QUALITIES IN DEALING WITH STAFF GENERAL PUBLIC.

Job Order Number:

Experience:

Perferred Education Level:

Perferred Hourly Salary:

Job Location:

Type of Employment:

Exemption Status:

Shift:

Available:

Contact:

Company Name:

Perferred Contact Method:

IN0310926

1 years 0 months

High School Diploma or Equivalent

From: \$9.00 to \$12.50

Kansas City

Full-time

Non-exempt

Day

Immediately

Third Party

Contact Local Training and Employment Center

Telephone

Job Referral 2

Job Title:

Description and Duties:

Teller
MUST HAVE MINIMUM 6 MO PREVIOUS TELLER/MONEY HANDLER EXPERIENCE. MUST HAVE STRONG PEOPLE SKILLS, REFERENCES.

Job Order Number:

Experience:

Perferred Education Level:

Perferred Hourly Salary:

Job Location:

Type of Employment:

Exemption Status:

Shift:

Available:

Contact:

IN0310882

0 years 6 months

High School Diploma or Equivalent

From: \$8.76 to \$13.14

Kansas City

Full-time

Non-exempt

Day

Immediately

Susan Daler, Mgr.

more information...

Next

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Company Name:

Perferred Contact Method:

FirstMetro Bank of Indiana

Telephone

Job Referral 3

Job Title:

Description and Duties:

Teller
MUST HAVE PRIOR EXPERIENCE HANDLING MONEY, STRONG MATH SKILLS, DEPENDABLE, HARDWORKING, PUNCTUAL, PREVIOUS TELLER EXPERIENCE A PLUS.

Job Order Number:

Experience:

Perferred Education Level:

Perferred Hourly Salary:

Job Location:

Type of Employment:

Exemption Status:

Shift:

Available:

Contact:

Company Name:

Perferred Contact Method:

IN0310918

0 years 0 months

High School Diploma or Equivalent

From: \$8.00 to \$10.00

Kansas City

Full-time

Non-exempt

Day

Immediately

Third Party

Contact Local Training and Employment Center

Telephone

more information...

FIG. 16A

FIG. 16B